

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

November 3, 2016

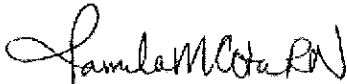
Ms. Cassandra Losee, Manager
Sterling House At Rockingham
33 Atkinson Street
Bellows Falls, VT 05101-1502

Dear Ms. Losee:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 3, 2016**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

PRINTED: 10/13/2016
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0609	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 10/03/2016
NAME OF PROVIDER OR SUPPLIER STERLING HOUSE AT ROCKINGHAM			STREET ADDRESS, CITY, STATE, ZIP CODE 33 ATKINSON STREET BELLOWS FALLS, VT 05101		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
R100	Initial Comments: An unannounced, onsite relicensing survey was conducted on 10/03/16 by the Division of Licensing and Protection. The findings include the following:	R100			
R128 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.5 General Care 5.5.c Each resident's medication, treatment, and dietary services shall be consistent with the physician's orders. This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interview, the facility failed to ensure that medication services are consistent with physician orders for 2 of 5 residents reviewed (Resident #1 and #4). The findings include the following: 1. During the facility tour at approximately 9:30 AM, in the presence of the Administrator, Resident #1 had a bottle of partially used Multivitamins 50+ tablets on the bed side table. The expiration date on the bottle is 8/2016. Per review of Resident #1's medical record there is no physician's order for the resident to self administer any medications (prescription or over the counter), nor is there an order for Multivitamins 50+. The Registered Nurse (RN) Administrator, confirmed at the time of discovery, that the resident does not have an order for the Multivitamin or to self-medicate. 2. Per review of the medication cart located in the nurses station at approximately 2:30 PM, in	R128	See attached		

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6699

H5TL11

If continuation sheet 1 of 12

Kashu Toosee 10/26/16
RN, Director

RIAB - Raw POC's accepted with addendum 11/1/16 mbehrman/PMU

PRINTED: 10/13/2016
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0609	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 10/03/2016
NAME OF PROVIDER OR SUPPLIER STERLING HOUSE AT ROCKINGHAM		STREET ADDRESS, CITY, STATE, ZIP CODE 33 ATKINSON STREET BELLOWS FALLS, VT 05101			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
R128	Continued From page 1 the presence of the Administrator, a bottle of Nystatin Powder with an expiration date of 5/2016 was discovered for Resident #4. Per review of the resident's medical record, there is no physician's order for the application of Nystatin Powder for this resident. The Registered Nurse (RN) Administrator, confirmed at the time of discovery, that the resident does not have an order for the use of Nystatin Powder.	R128			
R145 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (2) Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being; This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interview, the facility failed to address the specific needs of 2 of 5 sampled residents. (Resident #2 and #4). The finding include the following: 1. Per record review at approximately 2 PM, Resident #2 had a recent hospitalization and return to the facility on 9/20/16. Per interview with the Administrator, confirmation was made that on return to the facility, the resident was in an improved state. A physician order dated 9/21/16, identifies the need for a rollator walker. Indication: weakness with ambulation particularly	R145	SEE ATTACHED KCS		

PRINTED: 10/13/2016
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0609	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 10/03/2016
NAME OF PROVIDER OR SUPPLIER STERLING HOUSE AT ROCKINGHAM			STREET ADDRESS, CITY, STATE, ZIP CODE 33 ATKINSON STREET BELLOWS FALLS, VT 05101		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
R145	Continued From page 2 when outdoors. The Administrator also confirms that the resident is receiving physical therapy to assist with the management of the walker. Per review of the care plan that identifies last update on 12/26/15, has no evidence that Resident #2 is using a rolling walker nor is there evidence that physical therapy is working with the resident. This was confirmed by the Administrator. 2. Per record review at approximately 3 PM, Resident #4 has a physician order change dated 10/29/16, related to diuretic medication. Per interview with the Administrator at approximately 3:15 PM, Resident #4 has had a deterioration in his/her kidney function. The resident now requires oxygen via nasal cannula at 2 liters/minute during the night, s/he is being weighed daily and medication adjustments have been necessary. Per review of the care plan, the last update is documented as of 10/2015. Resident #4's care plan does not reflect current needs for the use of oxygen and monitoring for fluid retention.	R145			
R165 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (3) The registered nurse must accept responsibility for the proper administration of medications, and is responsible for: i. Teaching designated staff proper techniques for medication administration and providing appropriate information about the resident's	R165			

See
attached
KAB

PRINTED: 10/13/2016
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0609	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/03/2016	
NAME OF PROVIDER OR SUPPLIER STERLING HOUSE AT ROCKINGHAM		STREET ADDRESS, CITY, STATE, ZIP CODE 33 ATKINSON STREET BELLOWS FALLS, VT 05101		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R165	Continued From page 3 condition, relevant medications, and potential side effects; ii. Establishing a process for routine communication with designated staff about the resident's condition and the effect of medications, as well as changes in medications; iii. Assessing the resident's condition and the need for any changes in medications; and Monitoring and evaluating the designated staff performance in carrying out the nurse's instructions. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility's Registered Nurse (RN), failed in his/her responsibility to ensure that designated staff are taught proper techniques for medication administration. For Resident #3, a nebulizer treatment did not meet manufacturers requirements and for 2 residents receiving Insulin via subcutaneous injections, staff did not identify when a new insulin pen was put in use. The findings include the following: 1. Resident #1 has a physician order for Duoneb 2.5-0.5 mg/3 milliliter (cc's), (one unit dose) via nebulizer (breathing treatment), three times a day and during the night as needed. This treatment is used to treat Chronic Obstructive Pulmonary Disease. Per observation during a 9 AM medication administration pass, the medication technician prepares Resident #1's nebulizer treatment. The technician picks up the resident's nebulizer tubing, mouth piece and medication chamber that is resting on the bedside table. S/He then proceeds to disconnect the medication chamber from the tubing and inserts 3 cc's of medication	R165	See attached R165	

PRINTED: 10/13/2016
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0609	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 10/03/2016
NAME OF PROVIDER OR SUPPLIER STERLING HOUSE AT ROCKINGHAM			STREET ADDRESS, CITY, STATE ZIP CODE 33 ATKINSON STREET BELLOWS FALLS, VT 05101		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
R165	<p>Continued From page 4</p> <p>into the chamber. S/He hands the tubing, connected to the mouth piece, to the resident who is lying in bed (in a low fowler's position) and proceeds to turn the machine on.</p> <p>Per observation by the surveyor, the medication chamber that was attached to the tubing and mouth piece, contained visible bubbles of liquid. The technician inserted the new medication into the wet chamber. Per review of the Medication Administration Record (MAR), Resident #3 had received a Duoneb treatment earlier at 12:11 AM.</p> <p>Per review of manufacturer's recommendations related to nebulizer treatments, the resident should sit up, either in a chair or on the edge of a bed to help create a direct route for medicine to get to the resident's air passages. When the treatment is completed the air compressor should be turned off and the nebulizer taken apart, washed with soap and water and allowed to dry. The medication technician confirmed that s/he did not clean or dry the medication chamber before inserting the medication for the 9 AM treatment.</p> <p>Per review of "Medication Management" policy, there is no direction to staff for the proper administration of nebulizer treatment and/or maintenance of such equipment. The policy does identify that the manager is responsible for ensuring that designated staff are fully trained in the home's policies and procedures governing medication management.</p> <p>2. Per inspection of the locked medication box located in the refrigerator in the kitchen, at 10:30 AM, 2 Insulin Injection Pens were discovered without documentation identifying when they were put in use. They are as follows: a). Lantus Insulin full capacity of 260 units with 160 units</p>	R165	<p>See attached key</p>		

Division of Licensing and Protection
STATE FORM

6895

H5TL11

If continuation sheet 5 of 12

PRINTED: 10/13/2016
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0609	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/03/2016
NAME OF PROVIDER OR SUPPLIER STERLING HOUSE AT ROCKINGHAM		STREET ADDRESS, CITY, STATE, ZIP CODE 33 ATKINSON STREET BELLOWS FALLS, VT 05101		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R165	Continued From page 5 remaining. Label placed by the pharmacy pre delivery identifies discard after 28 days. There is no date identifying when the Lantus pen was first used; b). Victoza full capacity 15 milligrams (mg) with 13 mg remaining. Label identified discard after 30 days. there is no date identifying when the Victoza pen was first used. Confirmation was made by the Administrator during the inspection that the pens do not establish when they were first used. Per review of "Medication Management" policy, there is no policy directing staff to the proper management of Insulin Pens. The policy does identify that the manager is responsible for ensuring that designated staff are fully trained in the home's policies and procedures governing medication management.	R165		
R170 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.F Residents who are capable of self-administration have the right to purchase and self administer over-the-counter medications. However, the home must make every reasonable effort to be aware of such medications in order to monitor for and educate the residents about possible adverse reactions or interactions with other medications without violating the resident's rights to direct the resident's own care. If a resident's over-the-counter medications use poses a significant threat to the resident's health, staff must notify the physician This REQUIREMENT is not met as evidenced	R170		

see attached
KAS

PRINTED: 10/13/2016
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0609	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 10/03/2016
NAME OF PROVIDER OR SUPPLIER STERLING HOUSE AT ROCKINGHAM		STREET ADDRESS, CITY, STATE, ZIP CODE 33 ATKINSON STREET BELLOWS FALLS, VT 05101			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
R170	Continued From page 6 by: Based on observation, record review and staff interview, the facility failed to ensure awareness that Resident #1 was self-administering over the counter medication. The findings include the following: During the facility tour at approximately 9:30 AM, in the presence of the Administrator, Resident #1 had a bottle of partially used Multivitamins 50+ tablets on the bed side table. The expiration date on the bottle is 8/2016. Per review of Resident #1's medical record, identifies that there is no physician's order for the resident to self administer any medications (prescription or over the counter), nor is there an order for Multivitamins 50+. Confirmation by the Registered Nurse (RN) Administrator at the time of the discovery, that the resident does not have an order for the Multivitamin or to self-medicate.	R170			
R175 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.h (3) Residents who are capable of self-administration may choose to store their own medications provided that the home is able to provide the resident with a secure storage space to prevent unauthorized access to the resident's medications. Whether or not the home is able to provide such a secured space must be explained to the resident on or before admission. This REQUIREMENT is not met as evidenced by:	R175	SEE ATTACHED KAS		

Division of Licensing and Protection
STATE FORM

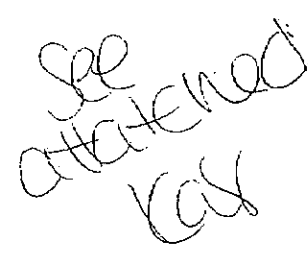
6695

H5TL11

If continuation sheet 7 of 12

PRINTED: 10/13/2016
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0609	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 10/03/2016
NAME OF PROVIDER OR SUPPLIER STERLING HOUSE AT ROCKINGHAM			STREET ADDRESS, CITY, STATE, ZIP CODE 33 ATKINSON STREET BELLOWS FALLS, VT 05101		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CRDSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
R175	Continued From page 7 Based on observation, record review and staff interview the facility failed to ensure a resident who chooses to store their own medications is provided with a secure storage space to prevent unauthorized access to the medication. During the facility tour at approximately 9:30 AM, in the presence of the Administrator, Resident #1 had a bottle of partially used Multivitamins 50+ tablets on the bed side table. The expiration date on the bottle is 8/2016. Per review of Resident #1's medical record, identifies that there is no physician's order for the resident to self administer any medications (prescription or over the counter), nor is there an order for Multivitamins 50+. Confirmation by the Registered Nurse (RN) Administrator at the time of the discovery, that the resident does not have an order for the Multivitamin or to self-medicate nor has the resident been provided with a secure storage space in his/her room to prevent unauthorized access to the medication..	R175			
R176 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.h (4) Medications left after the death or discharge of a resident, or outdated medications, shall be promptly disposed of in accordance with the home's policy and applicable standards of practice. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the	R176			

PRINTED: 10/13/2016
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0609	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 10/03/2016
NAME OF PROVIDER OR SUPPLIER STERLING HOUSE AT ROCKINGHAM			STREET ADDRESS, CITY, STATE, ZIP CODE 33 ATKINSON STREET BELLOWS FALLS, VT 05101		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R176	Continued From page 8 facility failed to promptly dispose of outdated medications for 2 residents (Resident #1 and #3) and for stock tablets of Claritin. The findings include the following: 1. Per medication cart review at 2:34 PM, in the presence of the Registered Nurse (RN) Administrator, stock supply of Claritin 10 mg tablets, (4 tablets) were discovered with an expiration dated of 1/2015. Confirmation by the RN was made that the stock medication is outdated and needs to be discarded. 2. Per medication cart review at 2:34 PM, in the presence of the Registered Nurse (RN) Administrator, a bottle of Nystatin Powder for Resident #4, was discovered with an expiration date of 5/2016. Confirmation by the Registered Nurse (RN) Administrator at the time of the discovery, that the powder is outdated and needs to be discarded. 3. During the facility tour at approximately 9:30 AM, in the presence of the Administrator, Resident #1 had a bottle of partially used Multivitamins 50+ tablets on the bed side table. The expiration date on the bottle is 8/2016. Confirmation by the Registered Nurse (RN) Administrator at the time of the discovery, that the Multivitamins are outdated and need to be discarded. Per facility "Medication Management" Policy, identifies that "Sterling House staff will not accept/administer any medications remaining beyond the stated expiration date on the medication container/packaging".	R176			

See
attached
red

PRINTED: 10/13/2016
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0609	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 10/03/2016
NAME OF PROVIDER OR SUPPLIER STERLING HOUSE AT ROCKINGHAM			STREET ADDRESS, CITY, STATE, ZIP CODE 33 ATKINSON STREET BELLOWS FALLS, VT 05101		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
R266	Continued From page 9	R266			
R266 SS=E	IX. PHYSICAL PLANT 9.1 Environment 9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment. This REQUIREMENT is not met as evidenced by: Based on observation and confirmed by staff interview the facility failed to provide a safe and homelike environment for 2 of 2 residents who utilize portable oxygen (Residents #3 and #5). The facility also failed to provide a sanitary environment for 1 of 16 residents, (Resident #1). The findings include the following: 1. Per facility tour at approximately 9:30 AM in the presence of the Administrator, in Resident #3's room, visible on entrance, was found to have stored ten (10) free standing small oxygen tanks on the floor. Five (5) of the tanks were full, identified by a white colored seal located at the neck of the tank and five (5) tanks were without a seal. Confirmation by the Administrator that s/he understood that the tanks that were free standing are considered unsafe and the company providing the equipment will be contacted. 2. Per facility tour at approximately 9:30 AM in the presence of the Administrator, in Resident #5's room, visible on entrance, was found to have stored 1 free standing small oxygen tank. The free standing oxygen tank was not sealed, therefore had been used. Confirmation by the Administrator that s/he/he understood that the tank that was free standing could be considered	R266			

See
attached
vas

PRINTED: 10/13/2016
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0609	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 10/03/2016
NAME OF PROVIDER OR SUPPLIER STERLING HOUSE AT ROCKINGHAM		STREET ADDRESS, CITY, STATE, ZIP CODE 33 ATKINSON STREET BELLOWS FALLS, VT 05101			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
R266	Continued From page 10 unsafe and the company providing the equipment will be contacted. 3. Per facility tour at approximately 9:30 AM in the presence of the Administrator, Resident #1's bathroom exhaust fan was heavily coated with accumulated dust and debris. This was confirmed during the tour by the administrator.	R266			
R267 SS=E	IX. PHYSICAL PLANT 9.1 Environment 9.1.b All homes shall comply with all current applicable state and local rules, regulations, codes and ordinances. Where there is a difference between codes, the code with the higher standard shall apply. This REQUIREMENT is not met as evidenced by: Based on observation, review of records at the location of the furnace and confirmed by staff interview, the facility failed to have the boiler (furnace) inspected by a licensed certified inspector, as indicated by the Vermont Fire and Building Safety Code 2012 (Section 6-Boiler and Pressure Vessel Inspection) within the two (2) years required timeframe. The findings include the following: Per facility tour at approximately 9:30 AM, in the presence of the previous administrator and owner at approximately 4 PM, identifies that the boiler was installed in August 2015 and was recently serviced on 8/10/16. Confirmation is made by the previous administrator that there is no identification on the boiler that evidences that	R267	See attached Kaf		

PRINTED: 10/13/2016
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0609	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/03/2016	
NAME OF PROVIDER OR SUPPLIER STERLING HOUSE AT ROCKINGHAM		STREET ADDRESS, CITY, STATE, ZIP CODE 33 ATKINSON STREET BELLOWS FALLS, VT 05101		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R267	Continued From page 11 the boiler has ever been inspected by a licensed certified inspector.	R267	<i>See attached VAS</i>	

Sterling House At Rockingham, LLC***Residential Care***

33 Atkinson Street
Bellows Falls, Vermont 05101
802-463-0137

Div Licensing and Protection
Ladd Hall
Waterbury, VT

October 25, 2016

Plan of Correction for survey conducted October 3, 2016.

General Care
R 128

1. All medication cited in R 128 has been properly disposed of.
2. All Medication passers will be re-educated on medication policies and medication order by the end of 2016. A memo will be sent to families, along with given to new residents explaining our medication policy by the end of 2016.
3. Random audits will be conducted monthly by RN on medication and treatments to ensure MD order in place through the remainder of 2016. RN or LPN will observe on weekly rounds residential rooms for any prescription or over the counter medications throughout the remainder of the year.
4. These corrective actions have already begun and will continue through the remainder of 2016.

Resident Care and Home Services
R 145

1. The two Plans of Care were updated immediately after deficiency was cited.
2. Plans of Care have been delegated to RN's whom will review weekly. Caregiver were educated to have more awareness of Plans of Care.
3. Random audits will be conducted weekly by RN. A nurse communication sheet will be completed weekly with major changes in resident's and cross checked to see if updates should be made to Plan of Care.
4. These corrective actions have already begun and will continue through the remainder of 2016.

R 165

1. Immediate review of medication policy and correction of medication policy. Immediate education to Medication Passers. Immediate education to Residents who use nebulizers. This will be completed by October 23, 2016. Change in policy where when any medication is opened there will be a date placed on medication.
2. Immediate education has been provided to staff. Medication policy has been updated to reflect changes in nebulizer care and insulin protocol. Residents have been educated to reflect changes as well.

3. Random audits will be conducted on medications and medication administration on a monthly basis by RN or LPN. Residents will sign written agreement acknowledging the proper use of nebulizers.
4. These corrective actions have already begun, education has been completed to all medication passers by October 23, 2016. Random audits and resident agreements will be completed by the end of 2016.

R 170

1. The medication cited in R 170 has been properly disposed of.
2. All Medication passers will be re-educated on medication policies and medication order by the end of 2016. A memo will be sent to families, along with given to new residents explaining our medication policy by the end of 2016.
3. Random audits will be conducted monthly by RN on medication and treatments to ensure MD order in place through the remainder of 2016. RN or LPN will observe on weekly rounds residential rooms for any prescription or over the counter medications throughout the remainder of the year.
4. These corrective actions have already begun and will continue through the remainder of 2016.

R 175

1. The medication cited in R 175 has been properly disposed of.
2. All Medication passers will be re-educated on medication policies and medication order by the end of 2016. A memo will be sent to families, along with given to new residents explaining our medication policy by the end of 2016.
3. Random audits will be conducted monthly by RN on medication and treatments to ensure MD order in place through the remainder of 2016. RN or LPN will observe on weekly rounds residential rooms for any prescription or over the counter medications throughout the remainder of the year.
4. These corrective actions have already begun and will continue through the remainder of 2016.

** Also see addendum*

R 176

1. The medication cited in R 176 has been properly disposed of.
2. All Medication passers will be re-educated on medication policies and medication order by the end of 2016.
3. Random audits of medication cart will be conducted monthly by RN or LPN. RN or LPN will observe on weekly rounds residential rooms for any prescription or over the counter medications throughout the remainder of the year.
4. These corrective actions have already begun and will continue through the remainder of 2016.

Physical Plant

R 266

1. Lincare was immediately called for request for additional travel O2 size B racks. Caregivers were brought to the attention of Resident #1-bathroom fan.
2. Lincare brought extra racks, so all O2 containers were safely stored. Caregivers properly cleaned the fan.
3. Random audits by RN or LPN will observe on weekly rounds residential rooms for no free standing O2 and proper cleaning of environment.

4. These corrective actions have already begun and will continue through the remainder of 2016.

R 267

1. Insurance company called immediately for protocol on boiler inspection.
2. Boiler has been inspected and insurance company has set up future inspections.
3. Boiler inspection has been marked on this administrator's calendar to have a date of inspection a month prior to inspection sticker expiration.
4. This was completed on 10/13/2016, and is not due again until October 2018.

Please feel free to contact me with any questions or concerns.

Sincerely,

Kassandra Losee, RN 10125116

Kassandra Losee, RN, Director

Sterling House At Rockingham, LLC

Residential Care

33 Atkinson Street
Bellows Falls, Vermont 05101
802-463-0137

Div Licensing and Protection
Ladd Hall
Waterbury, VT

October 30, 2016

Plan of Correction for survey conducted October 3, 2016.

Addendum for R175

1. The medication cited in R 175 has been properly disposed of. The resident did not have a physician's order to self-administer any medication.
2. A policy will be written regarding residents who have physician orders to administer medications. These medications will be stored in a locked box in the resident's room. All Medication passers will be re-educated on medication policies and medication order by the end of 2016. A memo will be sent to families, along with given to new residents explaining our medication policy by the end of 2016.
3. Random audits will be conducted monthly by RN or designee on medication and treatments in resident charts to ensure MD order in place through December 30, 2016. RN or designee will observe for medications in rooms on weekly rounds in residential rooms for any prescription or over the counter medications throughout December 30, 2016.
4. These corrective actions have already begun and will completed by December 30, 2016.